2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2004 8:00 am
Secretary of State
07-20-2004 90003 004 ****61.25

DOCUMENT # F03000001923

1. Entity Name
TEACH FOR AMERICA, INC.

54063806

Principal Place of Business	Mailing Address
315 WEST 36TH STREET, SIXTH FLOOR NEW YORK, NY 10018	315 WEST 36TH STREET, SIXTH FLOOR NEW YORK, NY 10018

07012004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 13-3541913 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KOPP, WENDY 315 WEST 36TH STREET, 6TH FLOOR NEW YORK, NY 10018	☐ Delete	C HINDERY, LEO J JR. 405 LEXINGTON AVE., 38TH FLOOR NEW YORK, NY 10174	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD KENNY, DAVID 800 BOYLSTON STREET BOSTON, MA 02199	☐ Delete	D KENNY, DAVID 800 BOYLSTON STREET BOSTON, MA 02199	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MOURNING, PAUL W 100 MAIDEN LANE NEW YORK, NY 10038	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ZEITLIN, JIDE 80 BROAD STREET NEW YORK, NY 10004	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAMILTON, SCOTT 345 SPEAR STREET, SUITE 510 SAN FRANCISCO, CA 941051657	■ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HINDERY, LEO J JR. 405 LEXINGTON AVE., 38TH FLOOR NEW YORK, NY 10174	☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wendy S. Kopp 7-1-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #